

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2				
5		1		1		
6		1		1		
7		1		1		
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45		1		1		
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48		1		1		
49		1		1		
50		1		1		
TOTAL IND.						
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TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL CLAIMS												